

THE  
MEDICAL EXAMINER.  
A  
*Semi-Monthly Journal of Medical Sciences.*

EDITED BY N. S. DAVIS, M.D., AND F. H. DAVIS, M.D.

No. XVIII.

CHICAGO, SEPT. 15, 1874.

VOL. XV.

**Original Communications.**

DESCRIPTION OF A DOUBLE MONSTER.

By J. G. STOKES, M.D.

MONDAY, July 27th, 1874, I was called to attend a lady, who, in about one hour after my arrival, and without extraordinary or uncommon labor, was safely delivered of a monstrosity, having eight perfectly formed limbs, (four lower and four upper,) one face, one nose, one mouth, and four ears. Although still-born, I am assured by the mother that it was certainly alive up to the evening before its birth.

A careful *post mortem* examination of the brain and viscera of the thorax and abdomen, indicates the following facts:

The union appears to have taken place breast to breast, and face to face, as if the bodies of two children, from the upper portion of the sternum down to near the umbilicus, had been laid open and separated, and then brought together and united, forming

after union nearly a perfect square. The thoracic and abdominal cavities are common to both; the thoracic cavity formed by the two, is a hollow square, containing four pleural sacs.

There are two occipital and four parietal bones, but only two frontal; all the other bones of the head, proper, are normal.

The face is well formed; the eyes, nose and mouth are natural in appearance, even handsome; and the ears, which go to form the face, belong, one to each of the beings, while the other two are located directly together, on the opposite side of the head to that upon which the face is located. The bones of the face are normal, as to number and appearance.

The face looks to the right side of one body, and, of course, to the left side of the other. Two vertices are well represented in the head. Look-

ing directly at the spinal column of one, (there being two spinal columns,) can plainly be seen the posterior portion of one head and two ears, which give this *lusus naturæ* a natural appearance; then, turning it around until the other spinal column is presented, the posterior portions of the other head and ears are as plainly to be seen.

One complete hairy scalp covers the entire head.

The neck is larger in proportion than any other part of the body, caused, partly, no doubt, by the upper portion of two spines passing through it.

As has been remarked, there are two spinal columns; but connected with one of them, I find *spina bifida*. This malformation of the spine is far more extensive than in any case that has ever come to my knowledge; the loss of bony structure, beginning at or near the lower dorsal vertebra, and extending down, with total absence of all the lumbar, sacral and coccygeal bones. The cyst covering the malformation was equal, in size, to the child's head. The pubic bone is also absent.

The cerebrum is compounded of two which are inseparable by the most careful dissection. There are, however, separate and distinct cerebella, medullæ oblongatæ, and medullæ spinales.

The four upper extremities are fully and perfectly developed. All the bones of the fingers, hands, arms and fore-arms, and scapulæ are entirely natural. The arms are of equal length and size. All the joints of these four upper extremities are normal. The four shoulders are also perfect, and form a complete square.

The hands and fingers are most beautifully formed, and perfect in every respect.

The lower extremities are also natural in all their parts, and of equal length and size.

All the ribs of two well-formed children are present, and there are two perfectly developed clavicles.

The division of the sternums seems to have been complete, extending down through the centre of the ensiform cartilages; the half of one sternum and ensiform cartilage of one child, and the same from the other child, forming one common sternum and ensiform cartilage. Two perfect sternums, formed in this way, are present.

The thorax contains four pleural sacs, enclosing the lungs and hearts of two children, or two pair of lungs and two hearts, all perfectly developed, and natural in appearance. Two mediastina are present, and separate the right from the left lung of each of the beings. As might be expected, there are two tracheæ, but only one œsophageal tube is to be found, and that normal.

The diaphragm is complete, the two being blended into one.

Here one complete stomach is situated just under the diaphragm, and centrally located between the two bodies. Two perfectly formed livers, with two gall bladders and two bile ducts, are here to be seen; both ducts leading into one duodenum. One spleen is discovered, and is located upon the stomach, presenting a natural appearance.

The entire alimentary canal is single. The cavity of the mouth, the œsophagus, the stomach, the duodenum, the jejunum, the ileum, the ce-

cum, the ascending, transverse and descending colon, the sigmoid flexure, the rectum and the aphedra are all in a natural condition. There are three kidneys present, and one urinary bladder, and, necessarily, three ureters leading into the one common bladder. The imperfect child, with "spina bifida" had but one kidney developed, and with this child, or half of the monstrosity, the genitalia and aphedra are entirely wanting, there being not the least trace or appearance of any attempt at development of these organs; while in the other half, the genitalia and aphedra are well developed, and in the natural position. The stomach and bowels are common to both, down to the umbilicus. Below that, the one with "spina bifida" has no abdominal viscera.

It only remains to add that there is extrophy of the urinary bladder, and four separate mammary glands.

There were two funises, both very short. One was severed during parturition, being much the shortest of the two. Both were below the average in size; in fact, the broken funis

was much less than any cord that ever came under my observation, not being larger than a crow-quill.

The mother believes that she had not reached the full term by about two weeks; and my opinion is that she is correct. An injury received by her in getting out of a buggy, being, in all probability, the cause of premature labor.

The father and mother are respectable and well-to-do citizens of our town, born and brought up here. The father is a fleshy, robust and fine looking gentleman, about thirty-four years old. The mother is a small and delicately made woman, not weighing, I should suppose, over one hundred pounds. She is well and gracefully formed, and is quite handsome. Her age is about twenty-one. Both of them are entirely free from any hereditary or constitutional taint or disease. Neither on the father's or mother's side of the house have there been any malformations, monstrosities or deformities, as far back as they can trace their history.

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CHLOROFORM IN STRYCHNINE POISONING (*The New York Medical Record*, July 1, 1874).—A man took five grains of strychnine with a suicidal intent. He was given twenty grains of sulphate of zinc, which produced vomiting. Convulsions had occurred repeatedly, however, and he was seized with one of tetanic form at the time of coming under observation. Every muscle was rigid, and tetanus was complete. Opisthotonos, irregularity of the pulse, varying from 120

to 140 in the minute, with all the accompanying symptoms, were noticeable.

He was immediately placed under the influence of chloroform. The convulsions ceased from the commencement of the anæsthesia, under which the patient was fully kept for three hours. The chloroform was then removed, but the patient did not awake until six hours afterwards,—a case of recovery.

## Translations.

### A CONTRIBUTION TO THE STUDY OF THE THERAPEUTICAL USE OF IPECAC.

BY DR. H. CHOUPEE.

*Translated from Le Progres Medical, by J. H. Etheridge, M. D.*

**P**HTHISICAL SWEATS.—After having seen ipecac yield good results in most of the cases of diarrhœa where I had used it, I determined upon assuring myself if it would not act the same in the sweats of tuberculous patients, in diminishing the quantity of the secretion. In the first part of this article I have given the cases separately, and subsequently appended reflections upon their observations; adhering to this method, often tedious to a lecturer, I will divide my observations into groups, and each of these will be followed by short reflections:

#### GROUP I.

*Cases in which the results were wholly favorable.*

Case 1. Ward Saint Basile, bed seven. Female, aged thirty-seven. Admitted to confinement July, 1873. She began to cough during pregnancy, and had many hæmoptyses. Immediately after her confinement she had an intense bronchitis, which necessitated very energetic treatment. After this time the patient had numerous attacks of bronchitis, but in the interval well-marked signs of pulmonary phthisis, in the first stage, were detected in the top of the left lung. From this time profuse sweats, very

abundant at night, supervened, compelling her to change her linen and fatiguing her much. This patient had never had diarrhœa.

Nov. 2. Ordered two injections of ipecac; up to this time the tannate of quinine in 4 gramme doses, and tannin itself in 40 centig. doses had been successively used, with no success in controlling the sweats.

Nov. 3. The sweats were diminished at least one-half. This morning only one injection ordered.

Nov. 4. The patient sweat none last night. Same treatment. The same condition continued the 5th and 6th. On the 7th the injection was stopped.

Nov. 8. The patient sweat a little in the night; half injection ordered.

Nov. 9-10. Same condition; a little sweating; continue treatment.

Nov. 11-12. Almost no sweating.

Nov. 13. No sweating; clysters discontinued.

Nov. 14. No sweating. Menses reappeared. General state better.

Nov. 15. Finds herself better. Says digestion is easier. The sweats had not reappeared up to Dec. 31, 1873. During this period the phthisis had not made any progress.

Case 2. Ward St. Louis, bed 13.

Male, aged thirty-seven years; admitted Nov. 29, 1873. Pulmonary phthisis, first stage; six months' duration. Night sweats of the upper part of the body for the past three months, recurring every night, with fever, about midnight, lasting two hours; patient obliged to change linen.

Dec. 4. Ordered a potion of ipecac decoction, in three parts; about eight o'clock nauseated; less sweat in the night.

Dec. 5. Same treatment; same effect.

Dec. 6. No sweating; patient vomited once.

Dec. 7. No sweating; ipecac stopped.

Dec. 8-9 and 10. Patient has not sweat; has gone to Vincennes, feeling much better.

Case 3. G., aged 41 years; admitted Nov. 19, 1873. Ward St. Louis, bed 10. This patient had, as a first symptom, a pleurisy, in July last. For past three months he has had such night sweats that he does not rest; is obliged to change linen on account of them. This phenomenon occurred regularly every night. The sweats are preceded by a sensation of heat, rather active. The physical signs are those of the first stage (prolonged expiration, dullness on percussion, etc.) at the top of the right lung. In the night of the 19th and 20th Nov., the patient experienced sweats, with the same characteristics as formerly.

Nov. 20. One clyster of ipecac at night.

Nov. 21. Sweat much less; had no fever in the night; continue treatment.

Nov. 22-23. The patient has not

sweat; clyster of ipecac not given on night of 23rd inst.; no sweating on 23rd and 24th.

Nov. 25. The patient had a little sweat in the night; ordered a new clyster of ipecac. The injections of ipecac were continued every night regularly, till Dec. 2nd. Since Nov. 26th the sweats have not returned. On the 1st of Dec. the patient began to suffer from a copious diarrhœa, with rectal tenesmus. Clysters discontinued, and on the 3rd of Dec. the diarrhœa was cured spontaneously.

Up to Dec. 17th, no sweats returned. At this date a veritable diarrhœa came on, which had not the rectal characteristic which accompanied the former attack, and it was speedily cured by three injections of ipecac; up to Dec. 31st, 1873, no sweating had occurred.

(Obs.)

In the three preceding cases, we had to do with phthisical patients, in the commencement of their disease; notwithstanding we all know that even in this stage sweats are often very obstinate, yet we see that in three patients they were easily cured. I wish still further to call attention to the fact that, under the influence of this indication, we have seen, in cases Nos. 1 and 2, the fever which preceded the sweats rapidly diminishing, which produced a notable amelioration in the general condition of the patients.

Case No. 4. Ward St. Basile, bed 28. Admitted Sept. 15th, 1873. Pulmonary phthisis, third stage, chronic form; night sweats very abundant for many months. Every night patient obliged to change linen.

Nov. 9. Half clyster of ipecac.

Nov. 10. A little less sweating; patient not obliged to change linen in the night; same treatment.

Nov. 20. No sweats; injections of ipecac stopped. Sweats had not reappeared up to 31st of Dec. Before using ipecac, the salts of lead and tannin had been used in vain.

Case 5. Ward St. Louis, bed 3. Admitted Oct. 23d, 1873. Pulmonary phthisis in third stage; large cavities at top of both lungs. This patient was not subject to diarrhœa, but for six months, without missing a single night, he had soaked the pillows, so that his wife had to occupy another bed. The sweats recurred regularly about midnight, and were preceded by a light flush of fever. In the nights of the 23rd and 24th, he had sweats as abundant as formerly. Oct. 24th, ordered an injection of ipecac.

Oct. 25. The patient did not sweat during the night; ordered two injections of ipecac.

Oct. 26. No sweats; discontinued the clysters.

Oct. 29. Sweats not reappeared; general condition better, and at his own request the patient left town for Vincennes.

Case 6. Ward St. Louis, bed 19. Admitted Nov. 26th, 1873. Pulmonary phthisis, third stage. Began eight months ago. Sweat considerable and daily for three months.

Nov. 27. Ordered two clysters of ipecac.

Nov. 28. Patient has sweat less.

Nov. 29. Almost no sweating.

Nov. 30 and Dec. 1. No sweating; stopped injections.

Sweats had not reappeared up to

the 16th of December, at which time the patient left the hospital in a much bettered condition.

(Obs.)

Here the results were always complete and decisive. We see, in running over this epitome, that the sweats have not only *not* reappeared, so long as the injections of ipecac were continued, but, what is still more important, that an amelioration persisted, in two cases, more than a month; in the other four, a considerable length of time after the cessation of the treatment. It is almost never the case that one obtains, even with the best means, results so favorable.

We furthermore see, that in cases Nos. 1 and 4, other treatments had been used in vain, before resorting to ipecac. It would seem that in some cases at least, this means may be more energetic than the medicines that were used.

One objection which may be offered, to which I have responded by the foregoing facts, is the following: We frequently see patients, especially consumptives, who, upon their admission to the hospital, without receiving any treatment, have experienced, simply from the change in conditions, a perceptible improvement, and have seen many symptoms disappear. Cases Nos. 2, 3, 5 and 6, can, strictly speaking, come within the scope of this critique, and though one may argue from the duration of the symptom before the patient's admission to the hospital, yet the objection can here be said to be possessed of all its value.

But cases Nos. 1 and 4 answer here convincingly; in these cases the patients really remained in the hospital many months without any changes



in their hygienic condition, and in these especially was the result quite satisfactory and decisive, if it were not so in the other four cases. I could have waited, in all these cases, a few days, before beginning treatment, for the patient to become acclimated; I acknowledge that the idea did not occur to me, and, that in view of the intensity of the sweatings and of the uncomfortableness they produced, I concluded to act promptly.

It might, furthermore, be thought that the injections of ipecac act in sweatings only by means of the tannin which they hold in solution. To this argument I propose to respond later in this article, both by a chemical analysis of the injections and by direct experiment. I am glad to simply state, in passing, that the ipecac clysters have sufficed to arrest the sweats in two cases where tannin, given in rather large doses, produced no amelioration whatever.

#### GROUP II.

*Cases in which the results have been favorable, but less prolonged.*

Case 7. Ward St. Louis, bed 24. Admitted Dec. 17th, 1873; aged thirty years. Pulmonary phthisis, third period. Cavity in left lung and crepitus at the top of the right lung. Internal otitis on the left side. The disease seems to have sprung up within three months. For three months the night sweats have been very abundant; patient obliged to change linen every night; fever in the evening.

Dec. 18. One clyster of ipecac.

Dec. 19, 20 and 21. Patient has not sweat.

Dec. 22. Sweats reappeared, though less abundant; injections were not renewed.

Dec. 31. Sweats are again copious.

Case 8. M., aged 47 years; admitted Oct. 30th, 1873; Ward St. Louis, bed 28. Pulmonary phthisis seems to have sprung up within the past five months. Within this period the patient has had hæmoptyses very abundant and repeated. The disease has now reached its second period, and crepitus, easily detected, at the top of the left lung, exists.

One of the symptoms which fatigues the patient the most, is the abundant night sweats, recurring especially the second half of the night, and which compel the patient to change his linen many times.

Nov. 16. Sweats not modified since the patient came into the hospital. Gave him one injection of ipecac to-day.

Nov. 17. Sweats considerably less; continue.

Nov. 18. Amelioration continues.

Nov. 19. The patient still sweats a little, but the sweatings appear only after a calm refreshing sleep, which lasts during the major part of the night. He insists upon this fact especially: that since he began taking the clysters at night he has less fever; less heat at night; that his sleep is more calm; that he sweats but little, especially about the head, and that he is not obliged to change his linen as formerly.

Nov. 21st and 22nd. Treatment continued and results are the same.

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Case 9. A young woman, aged 22 years. Admitted Nov. 19th, 1872; Ward St. Basile, bed 4. Chlorotic for the past two years; she has coughed for three months only; cough dry, with some physical signs of tubercle of the right lung: since the advent

of her illness she has been subject to very abundant night sweats, which fatigue her much.

Nov. 20. Injection of ipecac.

Nov. 21. Injection produced no effect.

Nov. 22. Patient presented all the signs of an acute gastric attack, (embarras.) Ipecac withheld.

Dec. 4. Symptoms of gastric difficulty have nearly disappeared; appetite has returned a little, but the sweats at night persist with the same characteristics. Ordered a potion of ipecac at 8 P. M.

Dec. 5. Patient vomited at three different times, but sweat less during the night; she was not obliged to change her linen as she has done heretofore, every night.

Dec. 6. Vomited once only; almost no sweating.

Dec. 7 and 8. Vomiting all the time; almost no sweating. Potion replaced by the injection at night.

Dec. 10 and 11. Same condition.

Dec. 12. Return to clysters again.

Dec. 20. The patient gives, verbatim, this account of herself: "The sweats are scarcely appreciable."

Dec. 22. She left for Vesinet to-day.

Case 10. Patient, female; aged 22 years. Admitted Dec. 13th, 1873; Ward St. Basile, bed 13. Pulmonary phthisis, first stage. The patient has had night sweats for three months.

Dec. 15. Ipecac clyster ordered at night.

Dec. 16. She has not sweat.

Dec. 17. Sweats have not returned. Ipecac suppressed.

Dec. 18. No sweats.

Dec. 19. Reappeared a little; clysters of ipecac were not given

again, as the patient did not endure them very well.

Dec. 25 to 30. The sweats which, during the interval that has just elapsed, have resisted the action of tannin, have been treated with atropia sulphate, and were much diminished. On the 30th, the treatment was suspended, and on the 31st, the sweats reappeared.

(Obs.)

I venture to say that the four preceding cases are very favorable to the use of ipecac in the treatment of sweats. In these cases, certainly, the success has been less marked—less decisive, I admit, than in the first six cases; but even the reappearance of the sweats, and their renewed suppression by the same treatment, is still a new argument in favor of the positive action of ipecac.

We see, that in case 8 the sweats quickly disappear, at least in part, but the treatment could not be prolonged, because the patient, who is a hard character, invented I know not what pretexts, to induce us to suspend treatment. Certain it is, that though this patient was treated with all ordinary means, and with no resultant amelioration, yet it is a fact that ipecac did more for him than any other remedy.

In case 7, only one injection was given, and we are justified in believing that the effects would have been most marked if the treatment had been continued. I would say the same with regard to case 10. Case 11 seems to furnish us with an instance in which the ipecac produced no results at all satisfactory; but it may be desirable to recur to the details and see readily at a glance, that if the sweats have not been complete-



ly suppressed in this case, it is at least remarkable that they are considerably diminished, and have wholly ceased to inconvenience the patient. Probably the same conditions exist in sweatings as in diarrhoea—conditions necessary to obtain the good effects of this drug, upon which, it perhaps may not be without interest to dwell, later on.

### GROUP III.

#### *Cases not successful.*

Case 11. Ward St. Julie; female, bed 2. Admitted Dec. 11, 1873. Pulmonary phthisis, third stage, with lesions far advanced. The disease dates back about four months.

For about three months this patient has, nightly, extremely abundant night sweats, which fatigue and enfeeble her much, compelling her to change her linen many times during the night. Let me say further, that this patient had already been under the care of M. Empis five days, and that she was not, upon coming into this ward, a wholly new patient.

Dec. 11. Ordered a clyster of ipecac at night.

Dec. 12. Patient did not sweat last night; injection was kept from 8 P. M. till 1 A. M.

Dec. 13. No sweats; continue treatment.

Dec. 14. Sweats partially reappeared; double dose of the ipecac in the lavement to-night.

Dec. 16. Less sweating.

Dec. 17. Injections inducing rectal tenesmus; compelled to withhold them.

Till Dec. 20th the sweats were less abundant, and they never returned such as they were upon her coming to the hospital.

Dec. 21. Dyspnoea increased; the patient died from asphyxia, Dec. 23rd.

Autopsy revealed vast cavities in the lungs, but not a single alteration in the alimentary mucous membrane.

Case 12. The patient, the subject of this observation, has already been cited as case No. 2. Sweats copious and cold in the morning, and dating back six months. Does not definitely recollect whether the sweats were suppressed when she took the lavements of ipecac for diarrhoea, but she thinks they were (suppressed).

Nov. 2. Two injections of ipecac ordered.

Nov. 3. No change in the sweats; one clyster at 8 P. M.

Nov. 4. She was unable to hold the injection—let it go.

Nov. 8. Still the same condition of sweating; ordered another lavement, given with Sydenham's laudanum, 10 drops.

Nov. 9. Took a lavement last evening, but her condition became very grave last night, by an attack of suffocation. Died Nov. 13th. Autopsy could not be made.

#### (Obs.)

I have designated these two cases under the class unsuccessful; still, they ought not to be regarded as absolutely contra-indicating treatment by ipecac. In the first case we have obtained somewhat of a success, since, if the sweats were not wholly suppressed, there was certainly an appreciable amelioration. In the second case, every thing comes within the range of *absolute, complete* failure, from the first injection; furthermore, the second one could not be held; and further still, when the third was given, a very grave complication, the result

of the progress of the disease itself, for which the ipecac could not to the least degree be held responsible, was developed, and prevented our judging the effect.

It should be further remarked that, in these two cases, we have had to deal with patients in the last stage of the tuberculous cachexia, and when, consequently, absorption of medicines is accomplished with much difficulty.

If we now cast a glance at the twelve cases as a whole, which have preceded, we see, that in a pretty constant manner, ipecac has acted advantageously in the cases where night sweats had become a veritable complication in pulmonary phthisis.

The sweats which we encounter in consumptives are, certainly, often, little abundant, variable from day to day, and not of a marked inconvenience to the patients. I should be able to multiply my observations much, if I had wished to turn my attention to this class of cases, but I have wished to take only grave cases, with copious sweats, and dating, without remission, back to a time long passed. One will be convinced, if he wishes to review my twelve cases, that in this respect it is difficult to pick out the case the most conclusive.

Ipecac was used alone in many cases (Nos. 2, 3, 5, 6, 7, 9, 11, 12). In others (1, 4, 8, 10,) its use had been preceded or followed by other means; and even then, it seems that this may have given the best results.

I have not in my possession the books necessary to make a comparative study between ipecac and other medicines; I am far from wishing to make a trial of any of these; I have often had occasion to see the good

effects of tannin and tannate of quinine, and latterly, of atropia sulphate.

My only pretention is, to contest that in rebellious cases, ipecac suppresses the sweats, and that, too, for a time somewhat long, without inconveniencing the patient. It is true that in the study of the therapeutics of the phthical sweats, as well as in that of any particular disease, there are points which do not seem to sufficiently demand the attention of the experimenter.

Why should this remedy, which succeeds well in one case, fail in another, when the symptom is designated under the same pathological designation? It is not only an affair of individual predisposition; it is more; it is the varieties of the symptoms themselves, which we do not always possess sufficiently complete.

Let us take, for example, the symptom of sweating in pulmonary phthisis: Sometimes the sweats are partial, sometimes they are general; in some cases they come on in the morning, in others they persist through the night. These are probably not all the varieties, of little importance, but, a fact which seems to me to have been too long neglected, is the following: Are the sweats preceded, or not, by fever? Do they come on after a period of heat, or is it rather the cold sweats which exhaust the patient upon arising from a relatively calm sleep? It is probable that in the two cases the treatment ought not to be the same, and that the same means which succeeds perfectly in the first case, would, in the second, be followed by absolute failure. This is a problem which I leave here, and whose solution, so desirable, would probably give the key to most of the failures. If I

essay within such narrow limits to make an application of these ideas to ipecac, I state, without being able to prove it :

1st. That in most of the cases where ipecac has had a good effect, the fever is noticed preceding the sweats.

2nd. That in cases of failures, and conspicuously in case 12, the fever is wanting.

#### MODE OF ADMINISTRATION.—DOSES.

In the preceding portion of this article we confined our attention to clinical observations of patients. Now, then, we should turn our attention to the study of the mode of administration, and doses, which is the necessary complement of the clinic.

We have seen that in nearly every case the ipecac was given per rectum. Does that mean, that, administered thus, we hope in diarrhœa to get a local action? We are to infer nothing of the sort. The lesions which produce diarrhœa in the tuberculous, when there are ulcerations, the catarrh, which is encountered only in other cases (this is the sole alteration which we have verified in our autopsies), are located preferably in the small intestine, at a point where liquids, injected into the anus cannot reach. We concluded that the action of ipecac is produced, after absorption, by a special action upon the secretions of the intestinal mucous membrane.

The absorption and acting at a distance have, been, we believe, clearly proven in Groups I and II, with regard to the action of sweatings. On the other hand, we wished to avoid vomiting, which was produced almost invariably in the cases where the decoc-

tion is administered by the mouth, or in the form of the Brazilian potion. In two cases (Group II, Case IX), where we used this last method, we have seen the vomiting effectively take place. We believe that the administration of ipecac per rectum is a veritable progress, and we hasten to announce that this method is due to our excellent senior, M. Bourdon.

The action being the same where ipecac is given in injection, and the gastric troubles not then existing, it is necessary to know if this medication, reputed alterative, can be given to patients already enfeebled, in large doses. The affirmative seems to us here to have been given beyond a doubt, by the numerous mentioned cases. The following case of a young infant, feeble and *syphilitic*, who has taken ipecac for a long time, ought to be given to still further confirm this fact :

#### OBSERVATION :

*Infant of two months ; congenitally syphilitic ; prolonged diarrhea ; cure.*

Infant of two months; brought up at the breast; pemphigus of the buttocks and thighs; mucous patches at the arms. Admitted to the hospital, with its mother, Oct. 5, 1873.

Oct. 8. Diarrhœa abundant; the infant no longer takes the breast; three injections of ipecac of five grammes (?)

Oct. 9. The same condition; no vomiting; continue.

Oct. 10. General condition better; the same diarrhœa; continue.

Oct. 11. Two injections.

Oct. 29. The general state of the child is good enough; he has diarrhœa daily; he has had two clysters daily, of ten grammes

Oct. 30. Diarrhœa begins to diminish; general condition excellent; the syphilitic concomitants have partially disappeared, and from this time he has resumed anti-syphilitic treatment, suspended since the advent of the diarrhœa.

He left the hospital at the end of November in a good condition.

Here the effect of the ipecac upon the diarrhœa was *nil*; but the point upon which I wish to insist is, the prolongation of treatment without a single sort of accident, either upon the stomach or the intestines, and the perfect general health.

Ipecac can be administered in large doses and for a long time, without producing a single mishap; this is the first point I would establish. Furthermore, its administration by injection is an easy means to employ, and one which possesses, without a single inconvenience, the very same advantages as when presented by the mouth.

The *Decoction of Ipecac* which we have used, in all cases, was prepared in the following manner:

- ℞ Powdered Ipecac Root, 10 grammes (154 grains).
- Pure Water, 100 grammes.
- Boil till it is reduced to 30 grammes.
- Filter the first decoction.

Prepare a second decoction analogous to the first one; mix the two decoctions and add 5 to 10 drops of Sydenham's laudanum.

The laudanum had only one use, and that was, to guard the injection as long as possible at the same time that it was administered in a small volume. However, the opiates had often failed before the ipecac was used. To guard against any loss of the injection liquid, so little abundant, we had always been careful to use a glass syringe.

The hours chosen were, in diarrhœa, in the morning and evening, at least two hours before or after eating.

The patients who were treated for sweats have, in most instances, taken only a single injection daily, and this was administered as late as possible at night.

In those cases where we used the Brazilian potion, we prepared it as follows:

- Decoction of ipecac, prepared as the preceding, but reduced to 45 grammes.
- Syrup of ether, 15 grammes.

To be administered in three parts, each a quarter of an hour apart, in the evening.

This is the way in which we have administered ipecac.

One point further, perhaps the most interesting to settle, as to the action of ipecac. By which one of its constituents do we get its therapeutical effects?

We do not yet possess the necessary information to elucidate this question in all its aspects, still here are certainly some results which we have obtained.

The decoction removes from ipecac root many substances, among which are, conspicuously, *tannin* and *emetine*. Is it only by the tannin or the emetine that these decoctions are effective?

In several of our observations on sweatings, tannin in substance and in large doses, (30 to 40 centigrammes =  $4\frac{1}{2}$  to 6 grains,) produced no appreciable effects. To admit that the decoction owed its effects to the tannin, it was necessary that the injections should contain a portion of tannin at least equal to that which was administered daily by the mouth.

This it seemed easy to determine by chemical analysis. \* \* \*

Ten grammes of ipecac give the following results:

Solid residue, 3 grammes (45 grains), composed of these ingredients:

Emetine—O. gr. 58 c.=8.7 grains.

Tannin—O. gr. 09 c.=1.3 grains.

Gum,  
Starch,  
Cellulose, } Indefinite.

A patient treated thus for sweats, absorbs, at most,  $1\frac{1}{2}$  grains of tannin, a dose certainly inferior to that which we gave in pill by the mouth.

Must we attribute this advantageous effect then to emetine? Emetine is a substance whose physiological properties are but little known. We certainly see no such results here as experiments with it yield. \* \* \*

The only results I wish to give today are the following:

1st. Ipecac, even in large doses, administered per rectum, does not

produce vomitings or gastric disturbance.

2d. The action of injections of ipecac upon diarrhœa of young infants has seemed to us, in many instances, very favorable.

3d. Diarrhœa of the tuberculous was beneficially influenced, often cured for a long time, by ipecac in large doses. We must add that, in all cases where, after cure of the diarrhœa, we made autopsies, we found no organic lesions of the mucous membrane.

4th. The action of ipecac upon phthisical sweats has been the most frequently favorable.

5th. Ipecac seems to act by absorption.

6th. The tannin is in too small a quantity in the decoction to have the therapeutical effect obtained attributed to it.

BELL ON ASPIRATION IN RETENTION OF URINE.—Dr. Joseph Bell relates an instructive case (*Edinburg Medical Journal*, April, 1874), and adds: Cases admitting or requiring this treatment, will not likely be very frequent—indeed I have not met with another out of a very large number of stricture cases seen since June; still, in this one, any other treatment would have been very dangerous.

Perineal section is always tedious, requiring chloroform, which the weak heart and emphysematous lungs and diseased kidneys would have borne ill; besides perineal section has its own dangers in old exhausted subjects. Tapping by rectum would have been difficult, from the enlarged prostate. Catheterization had failed. The operation was painless and left no trace. I have a very strong feeling that, in similar cases, the aspirator gives us an easy, safe and reliable

means of tiding over a difficulty, emptying the bladder, and thus giving time for other treatment. It is possible, if necessary, to repeat the aspiration frequently in the same region, but not exactly in the same situation.

The special merit of the aspirator here is, that it enables us, by the suction power it possesses, to withdraw the urine through a tube little larger than an acupuncture needle, the wound inflicted by which heals up at once and leaves no trace.

THE ACTION OF BROMIDE OF CALCIUM AND OF BROMIDE OF POTASSIUM.—The former salt acts only on the nerves, but it produces less sedative effect than the potassium bromide, and it does not act at all on the heart, as does the latter salt.—*Guttmann and Eulenburg—Ber. Klin. Wochenschrift.*



## Society Reports.

### TRANSACTIONS OF THE CHICAGO SOCIETY OF PHYSICIANS AND SURGEONS.

REGULAR MEETING, AUGUST 24, 1874.

*Reported by Ralph E. Starkweather, M.D.*

DR. JOHN BARTLETT, President, in the Chair. The Secretary being absent, Dr. F. H. Davis was chosen Secretary, *pro tempore*. Dr. F. L. Wadsworth received an unanimous election to the membership of the Society.

Having called Dr. Hamill to the Chair, Dr. Bartlett read a report of a case of eclampsia in a pregnant woman, due to uræmia, which was of rare interest, and elicited a very able and animated discussion, sustained by numerous members of the Society. The following is an abstract of the case:

Mrs. M., now twenty-five years of age, began to menstruate at the age of twelve. Her first menstruation alarmed her, and was looked upon as being something dreadful. Rising at night, she went to a well and washed her clothing, bedding and person. Since that event, every period has been one of so much pain and nervous disturbance, that she has regarded herself as having a serious uterine disease. She was liable to hysterical paroxysms upon the approach of her periods, before marriage. At the age of fifteen, while traveling, she went from morning till night without mic-turating; and upon then attempting so to do, she was unable to accom-

plish the act. The retention continued for two days longer, until relieved by catheterism.

This was followed by a sickness of several weeks, the nature of which is unknown; but ever afterwards, at irregular intervals, she was liable to fainting turns. These attacks began with palpitation of the heart, indistinctness of vision, a state of semi-consciousness, and of sinking away, as if dying.

In other respects her general condition was excellent. Marrying at the age of eighteen, a year later she gave birth, at the eighth month, to a fœtus that had been dead some weeks. The delivery seems to have been followed by a condition of septicæmia.

The vomiting of the two pregnancies which followed, was unusually severe and prolonged. In June, Dr. Bartlett was called to attend the patient in her fourth parturition. She had uterine pains, intense headache, amblyopia, occasional delirium, great irritability of the bladder, and œdema of the face and hands. The uterine pain was regarded as false. Uræmia was predicted, and the friends notified of possible grave accidents. Wine of colchicum seed and morphia were ordered. The colchicum was given for more than a week, with the

effect of removing the cerebral symptoms above named.

July 25, the following was the condition of the patient in the first stage of labor:

Considerable œdema of the face and throat, conjunctivæ congested; throbbing headache, especially on the right side; intense epigastric pain, described as if the stomach and womb were being torn apart: morphine diminished somewhat the pain in the head and epigastrium.

The second stage of labor, lasting three hours, terminated at 2 A.M., July 26, by the delivery of a male child, weighing less than four pounds. The third stage terminated in an hour; one hour thereafter the patient complained of noises in the room when there were none, and could not see the cup, containing chloral, offered her. A convulsion immediately followed, succeeded by stupor, during which the patient was bled to ten ounces, and one drachm of chloral was injected into the bowels. In one hour a *second* spasm occurred. A purgative enema was given, and a scruple of chloral administered. Upon consultation with Dr. Byford, it was determined to deplete still farther, and some twenty-five ounces of blood were withdrawn. Croton oil was administered; and eighteen grains of chloral ordered to be given every half hour, till several doses had been taken. A *third* convulsion followed, three hours after the second attack. It was found that neither by the stomach nor rectum would chloral be retained. During the day, convulsions occurred about every three hours, the patient lying stupid during the intervals, but able to be aroused. Toward night

the tendency to spasm was increased, so that an attempt to give medicines by the mouth or rectum, or by the hypodermic syringe, or the exhibition of chloroform, was liable to bring on spasms. There was now occasionally an active, wild delirium. By taking advantage of the stupor following a convulsion, a quantity of morphine was passed under the skin. To increase or renew the effects of morphia, it became necessary to give chloroform, in order successfully to make use of the hypodermic injection. The favorable and satisfactory effect of this medicine was maintained for fifty-five hours; small quantities of water and milk being the only nourishment.

Iced cloths were kept constantly to the head, and during the paroxysms masses of ice were applied to the scalp; serious congestion of the face never occurred.

The urine drawn by catheter on the first day, was found to be one-half albuminous. On the third day it was clear, and not albuminous.

The convulsions returned at the time the milk-fever was to be expected, but were, for several days, of moderate severity. The first series of convulsions were severe, accompanied by insensibility, and followed by stupor. The second were, for a time, milder; the patient retained consciousness, breathed freely, and conversed while convulsed. This second series were thought to have a hysterical element in them. The first series were regarded as those of true eclampsia depending upon the *so-called uræmic condition*. The second series were at first looked upon as simply a manifestation of that movable condition of the nervous sys-

tem known to characterize the patient.

After a few days, the severity of the spasms increasing and the interval between them diminishing, it was concluded that they were of the same character as the initial convulsions. On July 31st, the water was quite bloody and, although granular and waxy, casts were exceedingly few—cells similar to the white corpuscle of the blood (the exudation cell of George Johnson; the round germinal matter cell of Beale), were very abundant, occurring in large numbers, and often in clusters, in every field examined.

By the night of August 2nd, very severe paroxysms occurred every ten minutes, while early the next morning they were as frequent as every five minutes. The intervals between a few spasms was as short as two and one-half minutes.

Dr. Bartlett described the convulsions as follows:

The left hand, the fore-arm being semi-flexed on the arm, was observed to make a gentle motion, as if in the act of beckoning; the next instant the face was drawn powerfully to the left, the mouth drawn violently open, and to the left. This state of tonicity soon gave place to one of clonic spasm, affecting all the voluntary muscles. When the paroxysms were severe, there were three stages, viz.: of tonic contraction, of clonic movement, and of paresis. In this latter stage, toward the last, the muscles of the cheeks, jaws, tongue and larynx lost their power more or less; respiration was whistling while tonicity endured, and stertorous in the paralytic stage. At times, during the intervals, swallowing was very difficult. Early in the at-

tack the left arm and legs became useless; the legs seemed paralyzed, and at the worst, the arm also; for the most part, the muscles of this arm were in a state of half tonic contraction; later in the attack, both arms were thus affected. During a convulsion, the limbs on both sides were similarly influenced. The pupils were normal during the paroxysms; in the intervals they were more or less dilated. Sight was usually impaired. Sometimes, before a convulsion, she would speak of a great flame, and then immediately of a horrid darkness. Even in the tonic state of the most violent convulsions, a superficial respiration could be detected by auscultation; the heart's action was then noted to be regular, though accelerated and enfeebled. During the slighter convulsions, the left side only was affected. The duration of the paroxysms varied from one to two minutes.

On the 11th of August, the disease had reached its worst. Severe convulsions occurred every ten or fifteen minutes; pulse small, weak and quick, and 145; tongue and mouth had a typhoid look; dysphagia; mind very dull. Quinine and brandy were given, and inhalation of chloroform continued for forty minutes, and further convulsions prevented by the use of chloroform and chloral, aided by antispasmodics and hypnotics. The convulsions were then followed by violent fits of hysterical delirium. This delirium was plainly uræmic, and indicative of less uræmia than the convulsions. It gave place to the delusions of puerperal mania, with unusual hyperæsthesia of certain parts of the surface of the body, which lasted eight days, gradually leaving

her with a mind sane and unusually active.

Dr. Bartlett then discussed the nature of the convulsions, and the condition of the patient, during the attacks and in their intervals, and mentions the various medicines exhibited.

The treatment was directed to the protection of the encephalon; to the control of the spasmodic action by anæsthesia or relaxation, and to the elimination of the toxic elements through the bowels, skin and kidney. For this purpose the following remedies were employed: venesection; chloroform (eight pounds), ether (one gallon), chloral, morphine, bromide of potassium, indian hemp; lobelia, gelseminum, veratrum viride; croton oil, elaterium, cream of tartar, aconite, citrate of potash, hot baths; colchicum, acetate of potash, and digitalis. Tentatively, quinine and galvanism were used without effect. The patient was well fed throughout. The anæsthetics were generally used upon threatenings of a convulsion, and as far as practicable during the attack.

The active treatment extended *through a period of sixteen days* from the birth of the child, in which time *the patient had at least one thousand convulsions.*

As curiosities of the case, Dr. Bartlett mentioned two features, one a spindle-shaped swelling, an apparent enlargement of a section of the sterno-cleido-mastoid muscles, about at the junction of the upper with the lower four-fifths, for a distance of an inch and a half. This swelling seemed to change *pari passu* with the œdema. The other peculiarity had reference to the management of the case. The first step in the convulsive phenomena was the turning of the

face to the left. Now, when the tendency to spasm was least, the arrest of this movement, the forcible holding of the head from turning to the left, would stay, abort, the convulsion. In the early stage of convulsion also, delusions would be certain to follow the turning of the face toward the left. The nurse was therefore charged with the duty of keeping the face in the line of the body.

The present condition of the patient is one of incomplete convalescence. Traces of uræmic poisoning still remain. (Edema and slight fainting and sinking attacks, common in Bright's disease, occasionally occur. The urine is now almost free from albumen, and the exudation cells are not numerous.

Dr. Bartlett referred to the hypodermic use of chloral, and said that it produced sloughing of the cellular tissue and integument, unhealthy ulceration and prolonged neuralgic pain.

Dr. Bartlett then called attention to an inhaler used by him in cases where it was necessary to apply chloroform, without the loss of time incident to the ordinary method. It consists of a cup large enough to cover the mouth and nose. Into the bottom of this a concave sponge is held by a transverse stay of wood. The chloroform is poured on the moistened sponge, and the cup is inverted and placed in a shallow vessel, as a saucer, containing water. This arrangement prevents the evaporation of the chloroform, when the inhaler is not in use, so that hours after the anæsthetic is placed on the sponge it may promptly be applied. Dr. Bartlett recommended this inhaler also on the score of economy.

Dr. Hamill inquired what was the immediate effect of the powerful remedies, such as gelseminum and veratrum viride.

Dr. Bartlett—The skin became moist; the intervals between the convulsions was prolonged from ten minutes even to an hour. The veratrum acted the best of the relaxing medicines. It tended, however, when long continued, to accelerate the pulse, and make it feeble.

Dr. Hay asked whether it was possible to determine the effect produced on the convulsions by the bleeding? In physiology, if an animal be bled suddenly, it will go into convulsions.

Dr. Bartlett—The series of experiments by Richardson on dogs, in which the emulgent veins of the kidney were tied in order to cause an accumulation of urea in the system, showed that by bleeding one of the dogs, it lived for some time; the one not bled died speedily. In this case a convulsion occurred one hour after the second bleeding.

Dr. Hamill—In the early years of my practice, it was the rule to bleed from both arms at once, and to give jalap and cream of tartar. Whether it is due to the change in woman's body, or of the treatment, more patients recovered in those early days than at the present time.

Dr. Adolphus was of opinion that the convulsions were hysterical, and that tonics and antispasmodics would have formed an excellent line of treatment.

Dr. Freer inquired as to the pathology of the case.

Dr. Bartlett said that from the outset the impression was, that the convulsions were due to uræmia. The

patient is supposed to have Bright's disease.

Dr. Freer—My experience in treating those cases is adverse to the abstraction of blood. Where pathology shows that there is urea in the blood, what good will bleeding do? The effect of urea in the blood, as shown by pathology and physiology, is not that of increasing the force of the blood. It retards the circulation of the blood in the capillaries. There could not be increase of blood pressure in the brain. It is more than probable that the true pathology of uræmia is that of anæmia.

As Dr. Hay has said, it is well known that bleeding will cause convulsions. From a purely scientific stand-point there is no real ground for bleeding in eclampsia.

Dr. Bartlett—It is excessive bleeding, "bleeding to death," that induces convulsions. The value of venesection in puerperal convulsions was not based on theory, but, as he believed, upon experience. As, in this case, a spasm occurred within an hour after a second bleeding, it could not be claimed that venesection did more than protect the brain from the effects of the convulsions. In a review of the treatment adopted, certainly no question was more pertinent than the inquiry, what was the effect of the bleeding? Regarding the character of the convulsions, whatever might be their nature, they would have destroyed the patient from their frequency and severity, without treatment.

Dr. Jackson inquired of Dr. Freer, what his treatment has been in such cases?

Dr. Freer—The principal means has been the steady, continual use of



chloroform. The case of Dr. Bartlett is not an ordinary one. It is rather like one of hysteria than uræmia, else, unless the patient was different from ordinary women, how could she stand the effects of a thousand convulsions. Active cathartics would relieve the blood of urea, and not impoverish it. Few persons have any too much blood in their systems; they cannot afford to lose this noblest juice of the body. There are other modes of elimination. Probably the convulsions are due to the obstruction of circulation in the brain, the blood not being in a fit condition.

Drs. Hayes, McKennan, James G. Tucker, and Wilder also engaged in the discussion, of which the notes have been lost or mislaid.

Dr. A. Reeves Jackson gave, verbally, the details of a recent case of chronic vaginitis in a patient fifty-three years of age, illustrative of the efficiency of two means of treatment—injections of hot water, and the use of the glass dilator. Prior to the menopause, there was leucorrhœa, pain, pruritus, and a very irritating, thick, muco-purulent vaginal discharge. There was no uterine disease. The submucous tissue of the vagina was thickened, and felt rough. The patient had been subjected to various treatments without relief. A solution of borax had only temporarily relieved the pruritus. Dr. Jackson, after directing the use of injections of glycerine and flax-seed tea for one week, then ordered injections to be given by means of a Davidson or Watson syringe, of from one to two gallons of hot water, beginning with that of a temperature of 98° F. and gradually warming it up to 108°

Fahr., repeated daily, for two or three days. During the intervals the glass dilator was used. The redness and roughness and discharge disappeared, and the patient fully recovered health.

This treatment separates the walls of the vagina, and so gives rest to the part.

Secondly, it lessens the hyperæmia.

Thirdly, it causes diminution of the hyperplasia of the submucous tissues.

Where the vaginitis is due to constitutional causes, chlorosis or endometritis, such causes must first be removed. The absence of pain in this mode of treatment makes it a very satisfactory and desirable one. It is beneficial in cervical endometritis. It blanches the surface, lessens the calibre of the capillaries, and contracts the vaginal canal.

Upon motion the Society adjourned.

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#### OBITUARY.

D. W. Young, M. D., of Aurora, Ill., died on the evening of Sept. 8th, 1874. He had suffered more or less from disease of the digestive organs for several years, but was not entirely disabled from business until a few weeks before his death. Dr. Young was a practitioner of ability and industry, and a very valuable and enterprising citizen. He was an active supporter of the social organizations of the profession, having recently occupied the position of President of the State Medical Society. He always took an active part in the municipal affairs of his city, and served faithfully in the office of Mayor a number of years.

## Gleanings from Our Exchanges.

### ON INTRA-UTERINE INJECTIONS IN HEMORRHAGE.

BY WILLIAM DRAPER, M. R. C. S., &c., York. FORMERLY RESIDENT  
OBSTETRIC OFFICER TO THE MIDDLESEX HOSPITAL.

*From the Obstetrical Journal of Great Britain and Ireland.*

WITH the view of adding to the evidence concerning a subject so important as that of injecting fluid styptics into the uterus in hemorrhage from that organ, I publish a short summary of my observations during the seven years which I have practised the treatment. I much regret that I have not preserved any record of the post-partum hemorrhage cases in which I have employed injections of the solution of perchloride of iron; yet, although I have used this form of injection of various strengths, in a considerable number of cases, I can confidently say that, personally, I have *never* met with an instance in which such injections into the uterine cavity have done harm, and rarely with one in which they have failed to do good; indeed, most commonly have I found their use of the most decided and prompt benefit.

Serious uterine hemorrhage must always be looked upon as a grave matter, even by the most experienced practitioners; still, in such alarming conditions, I now certainly find not a little solace and confidence in the feeling that, should the ordinary means to arrest the flooding fail, there is still a *dernier ressort* in intra-uterine injection, which is almost certain to bring the case to a favorable issue, if timely use of it be made.

In forms of uterine hemorrhage other than post-partum, such, for instance, as profuse menorrhagia, I have employed intra-uterine injections, not only of solutions of iron, but also of tannic acid, infusion of matico, and

iced water. I append three cases illustrating different forms of hemorrhage in which some of these fluids have been injected with beneficial results.

As a rule I am of opinion that the iron injections are the most reliable, still I think there are certain conditions (as in Case I.), in which some of the other styptics might perhaps be more suitable.

CASE I.—I was called to this case by a patient who was in the eighth month of pregnancy; for three or four days before consulting me, she had suffered very considerable hemorrhage. A vaginal examination discovered the cervix uteri soft and yielding, and about two-thirds obliterated. The tip of the index finger passed freely into the external os uteri; but the internal os was not dilatable. I ordered the patient to remain in bed, to have a draught containing sulphuric acid and laudanum every three hours, with cold to the vulva, and applied a firm abdominal bandage. In the evening of the same day the hemorrhage became still more violent. The external os now admitted the finger freely. On passing my hand into the vagina, I was enabled to reach the internal os, which, with difficulty, admitted the finger end, but which appeared dilatable. The fetal head could be felt presenting, but nothing like placenta was discovered. The hemorrhage being really alarming, I passed an elastic catheter into the uterus (carefully avoiding the mem-

branes), and injected about two ounces of a strong infusion of matico, and then plugged the vagina. The patient being much exhausted, beef-tea and brandy were given freely. There were no labor pains. The following morning, when I removed the plug, some slight hemorrhage occurred, so the uterus was again injected with the matico infusion, and the vagina re-plugged. There was rather more dilatation of the os. When the plug was again removed there was no recurrence of hemorrhage. Labor set in naturally some days later, and came to a favourable termination, a living and healthy child being the result.

CASE II. illustrates the successful employment of iced water as an intra-uterine injection. I was called to this case some time after the expulsion of the placenta, the labor having been a natural one. I found the patient much exhausted from the loss she had sustained, and still flooding violently. Having restored her somewhat with brandy, etc., I removed some large coagula from the uterus, gave ergot, applied pressure, &c.; in fact, I employed all the ordinary means to arrest the flooding without avail. I then passed a large gum-elastic catheter (having a syringe attached), into the cavity of the uterus, and injected several ounces of iced water. The uterus almost immediately contracted; pressure then being applied, the contraction was

kept up, and no further hemorrhage occurred.

CASE III.—Some time since a lady came under my care, whom I ascertained to be suffering from retroversion of the uterus. One of her most troublesome symptoms was very profuse and frequent menstruation, which was present, to a very serious extent, at the time she consulted me. Almost every available remedy was prescribed without having any influence over the discharge, and as the patient was reduced to an exceedingly weak state, I resolved to inject the uterus with solution of iron. Accordingly, I injected into the uterine cavity about two ounces of a solution of tincture of perchloride of iron, of the strength of one part to ten parts of water.

The hemorrhage was at once arrested, and there was no recurrence of it, nor did the slightest unfavorable symptom follow the practice. A Hodge's pessary was now applied, and, so long as it was worn, the menstrual periods passed over naturally, without either excessive discharge or pain. On one or two occasions, however, when the patient very injudiciously left off the pessary, serious menorrhagia recurred, and again the only successful means of arresting it was the iron injection, which never failed in its action, nor was it ever productive of the slightest untoward result.

#### ILLUSTRATION OF THE LITERATURE OF QUACKERY.

THE August number of the Chicago *Pharmacist* contains the following editorial comments on the address on this subject delivered by Henry Gibbons, M. D., before the California State Medical Society, and which they republish in full from the *Pacific Medical and Surgical Journal*:

We call the attention of our readers to the address, so that they may view the topic through the spectacles

of a medical editor, teacher and practitioner. As far as Dr. Gibbons has "illustrated" the subject, just so far it is good and truthful; but we sincerely regret that so fearless and able a writer as the author of this essay should have omitted mentioning the part the medical profession and its press play in the drama of Quackery.

We claim that the medical profes-

sion of this country is to a great extent responsible for the existing evil, and, to substantiate our charge, we will enumerate, first, the prescribing of nostrums by the medical profession, the composition of which they have not the remotest knowledge of; secondly, the giving of certificates of merit to the manufacturers of nostrums; thirdly, that the medical press of this country, with but few laudable exceptions, assist the use and sale of nostrums by inserting into the pages of the reading matter (styling it usually selected matter), month after month, cases of diseases which have been successfully treated by the use of this or that nostrum. These cases are written up by some "medical hireling," in the employ of these nostrum compounders, and the medical journals receive a money consideration for their insertion.

To prove the first charge we have made, it is only necessary to consult the prescription file of any dispensing pharmacy, where can be found prescriptions for regular graduated physicians, for such nostrums as McMunn's Elixir of Opium, Bromo Chloralum, Elixir Iodo Bromide of Calcium Compound, Cincho-Quinine, &c.

Secondly, on examining the wrappers attached to these nostrums, the names of physicians will be found endorsing the merits and the composition, the latter of which they are certainly ignorant of.

Thirdly, the medical press of this country has become, with few honorable exceptions, the aider and abettor of this species of fraud, by inserting among the reading matter paid "puffs," which seem to the uninitiated medical practitioner as *bona fide* reported cases of disease, successfully combatted by the means of this or that nostrum, when in reality it is written up by the man "Friday" of the nostrum houses, and by them sent to the different medical journals from month to month, paying a consideration for each insertion.

That this aiding of Quackery is

not confined to the "little fish" of the profession, we will prove by referring to the present President of the American Medical Association, Wm. Bowling, M. D., of Nashville, Tenn., who is editor and proprietor of the Nashville *Journal of Medicine and Surgery*, late President of the meeting of American Medical Editors, and Emeritus Professor of the Theory and Practice of Medicine, in the Medical Department of the University of Nashville.

This gentleman, whom we have alluded to as holding these different prominent positions in the medical profession, inserted in the June number of his journal a "puff" for the well-known nostrum, Cincho-Quinine.

For this insertion he received, no doubt, the usual compensation from the manufacturers of this nostrum. Now we ask, what prompts men in such positions to sell themselves for such base purposes? It is certainly unprofessional, and cannot be styled honorable for one who professes to be a leader of the science of medicine, and be guilty of such an offense against its progress.

Dr. Bowling and other editorial colleagues, who are guilty of this transgression, certainly cannot claim ignorance on this subject. How does this agree with Dr. Bowling's questions on professional ethics, published in his journal for July? Did the Doctor in his annual address, as President of the American Medical Editors' Association, touch upon the subject of advertising nostrums by the medical press? The address is said to have been both "suggestive and timely," or did it only refer to the more important medical topic, "Katy did, and Katy didn't?" Come, Doctor, step to the front, tell your readers you have been "naughty" for "filthy lucre's" sake, and you have thought the matter all over, and promise for the future to mend your evil ways. It shall not be said that Dr. Bowling "*knew the right, yet still the wrong pursued.*"

## Book Reviews.

*Received through Jansen, McClurg & Co.*

THE NATURE AND TREATMENT OF VENEREAL DISEASES. By Rob. A. Gunn, M.D. New York: Pp. 192.

The author of the work before us maintains, and in our estimation vainly attempts to prove, that all the various forms of venereal disease, as gonorrhœa, chancroid and syphilis, originates from one venereal poison. He claims that the virus is so modified by the condition of the patient at the time of his or her exposure, and by the length of time that elapses from the formation of the virus in one, before it is communicated to another, as to produce the three forms of venereal disease, with their various modifications.

We can but think that there is some mistake, or at least exaggeration, when the author tells us that he has known constitutional syphilis to follow gonorrhœa: even when a venereal sore could not be found after the closest examination.

In regard to his description of the various forms of venereal diseases, we have simply to say that it corresponds very closely to that of our older writers on this subject. In treatment, the local use of carbolic acid is very highly extolled. He assumes that tertiary symptoms seldom, if ever, appear if the acid is properly used in the primary local lesions, combined with constitutional treatment by tonics, and an intelligent use of the more mild alteratives, as podophyllin, ammoniæ chloridum, potas. iodid., etc. The tonics, however, he says, should have the precedence

over the alteratives, the use of the alteratives being frequently suspended for several days. Mercurial medication is very strongly denounced, but the author's arguments to the effect that mercurial preparations have a tendency to produce various tertiary symptoms as lesions of the osseous system, fails to convert us to his opinion.

In justice to the author we must say that he writes in a clear, concise style, leading us with him from chapter to chapter, in a pleasant manner, notwithstanding that his and our opinions are frequently at variance.

J. R. K.

INFLAMMATION OF THE LUNGS, TUBERCULOSIS AND CONSUMPTION. Twelve Lectures by Ludwig Buhl, Professor of Pathological Anatomy, etc., in the University of Munich. Translated by Mathew D. Mann, M.D., and S. B. St. John, M.D. New York: G. P. Putnam & Sons.

In the twelve lectures here grouped together, we have a clear, concise exposition of the author's views regarding the pathology, histology, and morbid anatomy of the various pulmonary diseases. His views regarding the origin of phthisis and tuberculosis differ materially from those set forth by Niemeyer and his followers, and which have been so generally accepted by the profession.

These theories evolved by Prof. Buhl, as the result of long and careful investigation and observation, have won to their support many of the most prominent German pathologists, notably among others, Prof.



Rindfleisch, whose excellent work on pathological anatomy is familiar to American students.

The lectures constitute a 12-mo. volume of about 160 pages.

ARCHIVES OF OPHTHALMOLOGY AND OTOL-  
GY. Edited and published in English and  
German by Prof. H. Knapp, M.D., New  
York, and Prof. S. Maas, M.D., Heidelberg,  
assisted by Dr. E. Gruenny, New York, and  
Dr. C. J. Blake, Boston. New York:  
Wm. Wood & Co.

The first number of the fourth vol-  
ume of this journal is received. It is  
hereafter to be issued quarterly in-  
stead of semi-annually—the num-  
bers to contain from 112 to 160  
pages each. About four-fifths of the  
space will be devoted to original  
communications, lectures, etc., and  
the remainder to reviews. The pres-  
ent number contains a large amount  
of valuable and interesting matter  
pertaining to this special department,  
and is handsomely illustrated by lith-  
ograph plates.

NOMENCLATURES OF DISEASES. Prepared  
for the use of the Medical Officers of the  
United States Marine Hospital Service.  
By the Supervising Surgeon, J. M. Wood-  
worth, M.D.

This is a simple republication, in  
convenient form for the use of the  
marine hospital service, of the Pro-  
visional Nomenclature of Disease, as  
drawn up by a joint committee ap-  
pointed by the Royal College of Phy-  
sicians of London, Eng.

This classification has received the  
endorsement of the American Medi-  
cal Association, and of the American  
Public Health Association.

ESSAYS ON CONSERVATIVE MEDICINE AND  
KINDRED TOPICS. By Austin Flint, M.D.  
Philadelphia: H. C. Lea.

This is a small volume of 214 pages,  
made up of a series of essays which

have appeared at various times in the  
medical journals. As here gathered  
together they form an interesting  
little volume, which will be read with  
profit by many to whom they have  
not previously been accessible.

THE PSYCHOLOGICAL AND MEDICO-LEGAL  
JOURNAL. Conducted by Wm. A. Ham-  
mond, M.D., and T. M. B. Cross, M.D.  
New York: F. W. Christian, 77 Univer-  
sity Place.

The first number of the new issue  
of this special journal is also before  
us. It is to be issued in monthly  
numbers, commencing with July,  
1874. Subscription price, \$5.00 per  
annum.

#### NEW BOOKS RECEIVED.

THE PHYSIOLOGY OF MAN.—Designed to  
represent the existing state of Physiological  
Science, as applied to the function of the  
human body. By Austin Flint, Jr., M.D.  
Vol. V., *Special Senses, Generation*. New  
York: D. Appleton & Co. For sale by W.  
B. Keen, Cooke & Co., Chicago.

THE MEDICAL REGISTER AND DIRECTORY OF  
THE UNITED STATES.—Systematically ar-  
ranged by States. Office of Medical and  
Surgical Reporter, Philadelphia, Pa.

THE NEW MODIFIED CAMMAN  
STETHOSCOPE.—The modified Cam-  
man Stethoscope, of which we pub-  
lished a cut and a short description  
in a recent number of the EXAMINER,  
is now manufactured by Messrs.  
Tiemann, of New York, and for sale  
by their agents, Messrs. Bliss &  
Torrey, of this city. These instru-  
ments have the Flint curve to the  
tubes, and in general style and fin-  
ish are perfect.

This form of Stethoscope is also  
manufactured by Messrs. Codman  
& Shurtleff, of Boston, and for sale  
by their various agencies.